

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/616530</div>		Filing Date			
							Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">Cobb</div>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
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